

09/19/01

10928 U.S. PTO

Please type a plus sign (+) inside this box



Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

10928 U.S. PTO
09/19/01
09/19/01

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. PHAT-01008USO

First Inventor Busam

Title Device-to-Device Network

Express Mail Label No. EL 901 895 870 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification (Preferred arrangement set forth below) [Total Pages 38]
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 10]
5. Oath or Declaration [Total Pages]
 - a. ☐ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(c)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

 Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement of Power of Attorney (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449
13. ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: Check in the amount of \$1,128.00

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. _____

Prior application information:

Examiner _____

Group Art Unit _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Transfer Customer Number or Attach New Label Here)

☐ Correspondence address below

Name Burt Magen
Vierma Magen Marcus Harmon & DeNiro, LLP
Address 685 Market Street, Suite 540
City San Francisco State California Zip Code 94105-4206
Country U.S.A. Telephone (415) 369-9660 Fax (415) 369-9665

Name (Print/Type) Burt Magen Registration No. (Attorney/Agent) 37,175
Signature [Signature] Date Sept 19, 2001

Burden Hour Statement: This form is estimated to take 12 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete the form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

Express Mail No. EL 901 895 870 US

09/19/01

15928 U.S. PTO

Approved for use through 10/31/2002. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL **for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 1,128.00

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Busam
Examiner Name	
Group Art Unit	
Attorney Docket No.	PHAT-01008US0

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																		
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 501826</p> <p>Deposit Account Name: Vierra Magen Marcus Harmon & DeNiro LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity (\$)</th> <th>Small Entity (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td></td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td></td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td></td> </tr> <tr> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> <td></td> </tr> <tr> <td>128</td> <td>1,890</td> <td>228</td> <td>945</td> <td></td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td></td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td></td> </tr> <tr> <td>141</td> <td>1,240</td> <td>241</td> <td>620</td> <td></td> </tr> <tr> <td>142</td> <td>1,240</td> <td>242</td> <td>620</td> <td></td> </tr> <tr> <td>143</td> <td>440</td> <td>243</td> <td>220</td> <td></td> </tr> <tr> <td>144</td> <td>600</td> <td>244</td> <td>300</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td></td> </tr> <tr> <td>146</td> <td>710</td> <td>246</td> <td>355</td> <td></td> </tr> <tr> <td>149</td> <td>710</td> <td>249</td> <td>355</td> <td></td> </tr> <tr> <td>179</td> <td>710</td> <td>279</td> <td>355</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td></td> </tr> </tbody> </table>		Fee Code	Large Entity (\$)	Small Entity (\$)	Fee Description	Fee Paid	105	130	205	65		127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55		116	390	216	195		117	890	217	445		118	1,390	218	695		128	1,890	228	945		119	310	219	155		120	310	220	155		121	270	221	135		138	1,510	138	1,510		140	110	240	55		141	1,240	241	620		142	1,240	242	620		143	440	243	220		144	600	244	300		122	130	122	130		123	50	123	50		126	180	126	180		581	40	581	40		146	710	246	355		149	710	249	355		179	710	279	355		169	900	169	900	
Fee Code	Large Entity (\$)	Small Entity (\$)	Fee Description	Fee Paid																																																																																																																																																
105	130	205	65																																																																																																																																																	
127	50	227	25																																																																																																																																																	
139	130	139	130																																																																																																																																																	
147	2,520	147	2,520																																																																																																																																																	
112	920*	112	920*																																																																																																																																																	
113	1,840*	113	1,840*																																																																																																																																																	
115	110	215	55																																																																																																																																																	
116	390	216	195																																																																																																																																																	
117	890	217	445																																																																																																																																																	
118	1,390	218	695																																																																																																																																																	
128	1,890	228	945																																																																																																																																																	
119	310	219	155																																																																																																																																																	
120	310	220	155																																																																																																																																																	
121	270	221	135																																																																																																																																																	
138	1,510	138	1,510																																																																																																																																																	
140	110	240	55																																																																																																																																																	
141	1,240	241	620																																																																																																																																																	
142	1,240	242	620																																																																																																																																																	
143	440	243	220																																																																																																																																																	
144	600	244	300																																																																																																																																																	
122	130	122	130																																																																																																																																																	
123	50	123	50																																																																																																																																																	
126	180	126	180																																																																																																																																																	
581	40	581	40																																																																																																																																																	
146	710	246	355																																																																																																																																																	
149	710	249	355																																																																																																																																																	
179	710	279	355																																																																																																																																																	
169	900	169	900																																																																																																																																																	
<p>2. Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>		<p>FEE CALCULATION</p> <table border="1"> <thead> <tr> <th>Large Entity Small Entity</th> <th>Fee Code (\$)</th> <th>Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>201</td> <td>355</td> <td>Utility filing fee</td> <td>\$355.00</td> </tr> <tr> <td>106</td> <td>320</td> <td>206</td> <td>160</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>490</td> <td>207</td> <td>245</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>710</td> <td>208</td> <td>355</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (1)</td> <td>(\$) 355.00</td> </tr> </tbody> </table>		Large Entity Small Entity	Fee Code (\$)	Code (\$)	Fee Description	Fee Paid	101	710	201	355	Utility filing fee	\$355.00	106	320	206	160	Design filing fee		107	490	207	245	Plant filing fee		108	710	208	355	Reissue filing fee		114	150	214	75	Provisional filing fee		SUBTOTAL (1)				(\$) 355.00																																																																																																									
Large Entity Small Entity	Fee Code (\$)	Code (\$)	Fee Description	Fee Paid																																																																																																																																																
101	710	201	355	Utility filing fee	\$355.00																																																																																																																																															
106	320	206	160	Design filing fee																																																																																																																																																
107	490	207	245	Plant filing fee																																																																																																																																																
108	710	208	355	Reissue filing fee																																																																																																																																																
114	150	214	75	Provisional filing fee																																																																																																																																																
SUBTOTAL (1)				(\$) 355.00																																																																																																																																																
<p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>57</td> <td>-20** = 37</td> <td>X \$9</td> <td>= \$333</td> </tr> <tr> <td>14</td> <td>-3** = 11</td> <td>X \$40</td> <td>= \$440</td> </tr> <tr> <td colspan="2">Multiple Dependent</td> <td></td> <td></td> </tr> </tbody> </table>		Total Claims	Extra Claims	Fee from below	Fee Paid	57	-20** = 37	X \$9	= \$333	14	-3** = 11	X \$40	= \$440	Multiple Dependent				<p>Large Entity Small Entity</p> <table border="1"> <thead> <tr> <th>Fee Code (\$)</th> <th>Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (2)</td> <td>(\$) 773.00</td> </tr> </tbody> </table>		Fee Code (\$)	Code (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	80	202	40	Independent claims in excess of 3		104	270	204	135	Multiple dependent claim, if not paid		109	80	209	40	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)				(\$) 773.00																																																																																										
Total Claims	Extra Claims	Fee from below	Fee Paid																																																																																																																																																	
57	-20** = 37	X \$9	= \$333																																																																																																																																																	
14	-3** = 11	X \$40	= \$440																																																																																																																																																	
Multiple Dependent																																																																																																																																																				
Fee Code (\$)	Code (\$)	Fee Description	Fee Paid																																																																																																																																																	
103	18	203	9	Claims in excess of 20																																																																																																																																																
102	80	202	40	Independent claims in excess of 3																																																																																																																																																
104	270	204	135	Multiple dependent claim, if not paid																																																																																																																																																
109	80	209	40	** Reissue independent claims over original patent																																																																																																																																																
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																
SUBTOTAL (2)				(\$) 773.00																																																																																																																																																
<p>**or number previously paid, if greater. For Reissues, see above</p>		<p>*Reduced by Basic Filing Fee Paid</p> <p>SUBTOTAL (3) (\$) 0.00</p>																																																																																																																																																		

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Burt Magen	Registration No.	37,175
Signature	<i>Burt Magen</i>	Telephone	(415) 369-9660
		Date	Sept 19, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Express Mail No. EL 901 895 870 US